

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

33514

FILED OCT 27 1943 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

9134

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
7826 Pennsylvania Avenue.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community _____ years, months or days)

3. (a) PRINT FULL NAME ARNOLD W. SCHMIDT.

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-22-2691

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced. married

6. (b) Name of husband or wife. Iola Virgle Schmidt 6. (c) Age of husband or wife if alive. 43 years

7. Birth date of deceased. January 19 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 8 Days 26 If less than one day
hr. _____ min.

9. Birthplace. St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation. Machinist

11. Industry or business. Busch-Sulzer Diesel Eng. Co.

12. Name. Jacob Schmidt 13. Birthplace. Germany
(City, town, or county) (State or foreign country)

14. Maiden name. Caroline, last name unknown 15. Birthplace. Germany
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs. Iola V. Schmidt--wife
(b) Address. 7826 Pennsylvania Avenue.

17. (a) burial (b) Date thereof. 10-19-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. St. Trinity Lutheran Cemetery
(d) Signature of funeral director. C. Hoffmeister U. & L. Co.
(e) Address. 7814 South Broadway, St. Louis, Mo.

18. (a) OCT 18 1943 (b) J. F. Budeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. St. Louis
(c) City or town. St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 7826 Pennsylvania Avenue. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 15th
year 1943 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from 10-12
1943 to 10-15 1943
that I last saw him alive on 10-15 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Stenosis
Arterio Sclerosis

Due to _____

Due to _____

Other conditions. none
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature. Charles J. Tetz (M. D. or other) _____

Address. 4110 McArthur Date signed. 10/16/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,
working under my personal supervision.

Signed Louis C. Hoffmeister

Licensed Embalmer No. 5871

P. O. Address. 7814 S Broadway

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.